

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5	2						55	
6	2						56	
7	1						57	
8	1						58	
9	1						59	
10	1						60	
11	1						61	
12	1						62	
13		50					63	
14		50					64	
15		50					65	
16		50					66	
17		50					67	
18		50					68	
19		50					69	
20		50					70	
21		50					71	
22		50					72	
23		50					73	
24		50					74	
25		50					75	
26		50					76	
27		50					77	
28		50					78	
29		50					79	
30		50					80	
31		50					81	
32		50					82	
33		50					83	
34		50					84	
35		50					85	
36		50					86	
37		50					87	
38		50					88	
39		50					89	
40		50					90	
41		50					91	
42		50					92	
43		50					93	
44		50					94	
45		50					95	
46		50					96	
47		50					97	
48		50					98	
49		50					99	
50		50					100	
TOTAL IND.	9						TOTAL IND.	
TOTAL DEP.	105						TOTAL DEP.	
TOTAL CLAIMS	114						TOTAL CLAIMS	